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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17781

FILED JUL 5 - 1955

State File No. ....

BIRTH NO. ....		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 646	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (in this place) 14 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1110 N. 18th Street				e. STREET ADDRESS (If rural, give location) 1822 Holman Street 01170			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Henry		c. (Last) Holmes		4. DATE OF DEATH (Month) (Day) (Year) June 27, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 11, 1890		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and carpenter		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Newton Henry Holmes		13b. MOTHER'S MAIDEN NAME Dora M. Jones		14. NAME OF HUSBAND OR WIFE Pearl Holmes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-07-1500		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Holmes St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES Generalized Arteriosclerosis (unknown) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS man became ill while at work. He collapsed and died a few minutes later. There is no history of recent serious illness or disability.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 day	
21a. ACCIDENT SUICIDE > HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I viewed the deceased from 6/27, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:15 P.m., from the causes and on the date stated above.			
23a. SIGNATURE H. F. Mundy (Coroner) M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 6/27/55		24. NAME OF CEMETERY OR CREMATORY New Harmony Cemetery	
24b. DATE June 30, 1955		24c. LOCATION (City, town, or county) Buchanan County, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. M. Allison 485 Main Street, St. Joseph, Mo.			
DATE REC'D BY LOCAL REG. June 30, 1955		(Licensed Embalmer's Statement on Reverse Side)					

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by .....<sup>\*\*\*</sup>.....<sup>\*\*\*\*</sup>, Student Embalmer No.....<sup>\*\*\*</sup>  
working under my personal supervision..

Student.....<sup>\*\*\*</sup>.....<sup>\*\*\*\*</sup>  
Signature of Student Embalmer

Signed.....*Albert R. Harrington*.....

Licensed Embalmer No....3258..

P. O. Address.....St. Joseph,.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).**  
**If embalmed by a STUDENT, he also shall sign in his OWN handwriting.**  
**If this body is not embalmed, fact should be so stated above.**